| PATENT APPLICATION FEE DETERMINATION RECORD Effective December 8, 2004 | | | | | | | | | Application or Docket Number | | | |
|--|--|---|--|----------------------|---|--------------------------|---|-------------------|------------------------------|---------------------|---------------------|------------------------|
| | | CLAIMS A | S FILED - | | (Column 2) | | | SMALL ENT TYPE | TITY | OR | OTHER SMALL E | |
| U.S. NATIONAL STAGE FEES | | | | | | | | RATE | FEE | · | RATE | FEE |
| BASIC FEE | | | SMALL ENT. = \$ 150 | | LARGE ENT. = \$ 300 | | | SASIC FEE | 150 | OR | BASIC FEE | |
| EXAMINATION FEE | | | Satisfies PCT A | • • | All other situations = \$ 100 / \$ 200 | | | EXAM. FEE | 100 | | EXAM. FEE | |
| SEARCH FEE . | | | U.S. is ISA = \$ ALL other cou \$ 200 / \$ | intries = | All other situations = \$ 250 / \$ 500 | | | SEARCH FEE | æ50 | | SEARCH FEE | |
| FEE FOR EXTRA SPEC. PGS. | | | minı | us 100 = | / 50 = | | | X \$ 125 = | | | X \$ 250 = | |
| TOTAL CHARGEABLE CLAIMS 6 | | |) ninus 20 = | | * | | | X \$ 25 = | | OR | X \$ 50 = | |
| INDEPENDENT CLAIMS | | | J m | ninus 3 = | * | | | X \$ 100 = | | OR | X \$ 200 = | · |
| MUL | TIPLE DEPENI | DENT CLAIM PRE | ESENT | | • | | | + \$ 180 = | 180 | OR | + \$ 360 = | |
| * If the difference in column 1 is less than zero, enter "0" in column 2 | | | | | | | | TOTAL | 10.5 | OR | TOTAL | |
| CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) | | | | | | | | SMALL E | ENTITY | OR | OTHER SMALL E | |
| AMENDMENT A | | CLAIMS REMAINING AFTER AMENDMENT | | PREVI | HEST IBER OUSLY FOR | PRESENT Y EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total | * | Minus | ** | | = | ļ | X \$ 25 = | | OR | X \$ 50 = | |
| | Independent | * | Minus | *** | | = | | X \$ 100 = | | OR | X \$ 200 = | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | + \$ 180 = | | OR | + \$ 360 = | |
| TOTAL ADDIT. FEE | | | | | | | | | OR | TOTAL ADDIT. FEE | | |
| | | | | | | | | | | | | |
| AMENDMENT B | | (Column 1) CLAIMS REMAINING AFTER AMENDMENT | | HIGH NUM PREVI | mn 2) IEST IBER OUSLY FOR | (Column 3) PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total | * | Minus | ** | | = | | X \$ 25 = | | OR | X \$ 50 = | |
| | Independent | * | Minus | *** | | = | | X \$ 100 = | | OR | X \$ 200 = | |
| 1 | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | + \$ 180 = | | OR | + \$ 360 = | |
| TOTAL ADDIT. FEE | | | | | | | | | | OR | TOTAL ADDIT. FEE | |
| | | | | | | | | | | | | |

If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

^{**} If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20".

^{***} If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.